

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of OREGONPortland Division

Case No.

2:22-cv-01549-MC

(to be filled in by the Clerk's Office)

ALLIEANNA CHARLEYN MANNERON

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

(See attachment)

J MILLER SUPERINTENDENT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ALLI ANNA CHARLEYN MAHUELLONAll other names by which
you have been known:

ID Number

SID# 21009232

Current Institution

SNAKERIVER CORRECTIONAL INSTITUTION

Address

777 STANTON BVDONTARIOOR97914

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

J. WoodlandJob or Title (*if known*)ASSISTANT SUPER

Shield Number

Employer

OREGON DEPT. OF CORRECTIONS

Address

SRCI 777 STANTON BVDONTARIOOR97914

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 2

Name

HEIDI STEWARD OREGON DEPT OF CORRECTIONSDIRECTOR OF OPERATIONS (DOC Headquarters)Job or Title (*if known*)

Shield Number

Employer

STATE OF OREGON GOVERNMENT

Address

3723 FAIRVIEW INDUSTRY DR SE SUITE 200SALEMOR97302

City

State

Zip Code

 Individual capacity Official capacity

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ALLIEANNA CHARLEYN MARUERONAll other names by which
you have been known:AKA CHARLES L Butford

ID Number

21009232

Current Institution

SRCI

Address

777 STANTON BLDONTARIO

City

OR

State

97914

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

LT RUSSELJob or Title (*if known*)LT OVER ALCS WITHIN INSTITUTION Gen pop.

Shield Number

Employer

ODOC SRCI

Address

777 STANTON BLDONTARIO

City

OR

State

97914

Zip Code

 Individual capacity Official capacity

Defendant No. 2

Name

Sgt R. BrownJob or Title (*if known*)Sgt OVER ALCS WITHIN GENERAL pop.

Shield Number

Employer

ODOC SRCI

Address

777 STANTON BLDONTARIO

City

OR

State

97914

Zip Code

 Individual capacity Official capacity

Defendant No. 3

Name

SGT SHARP

Job or Title (if known)

Gen population SGT

Shield Number

Employer

ODOC SRTC

Address

777 STANTON BLVD

ONTARIO

OR

97914

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 4

Name

SGT HOOD

Job or Title (if known)

SGT of General Population

Shield Number

Employer

ODOC SRTC

Address

777 STANTON BLVD

ONTARIO

OR

97914

City

State

Zip Code

 Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

 Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)B.
N/A

Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1ST 4TH 8TH 11TH 14TH

C.
N/A

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Defendant No. 3

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

CAPT KING
CAPT. PREA CAPT
OREGON DEPT OF CORRECTIONS (DOME)
OFFICE OF POPULATION MGMT. 2575 CENTER ST
SALEM OR 97301
 City State Zip Code

Individual capacity Official capacity

Defendant No. 4

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

Capt. King
Warden of Housing Unit
OREGON DEPT OF CORRECTIONS
2575 CENTER ST
SALEM OR 97301
 City State Zip Code

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

1ST, 4TH, 8TH, 11TH, 14TH 192.355(5) 291-210-0010:00 doc policy
ON TRANSGENDER/INNERSex AICS.

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE ATTACHED

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

*Sgt Disney with Deschutes County Sheriff's DEPT took my left Rotator Cuff
Plus Influe to Protect over Central Axis in Custody Records for THIS ALD
On File V:1060 of Parking lot upon Detention*

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*SEE DR'S AND GRERIANES w/ MEDICAL RECORDS, X-RAYS,
AND ATTACHED RECORDS (Copies)*

C. What date and approximate time did the events giving rise to your claim(s) occur?

THESE ISSUES STARTED IN 2018 SEE DRS MEDICAL RECORDS

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

THE MEDICAL ISSUES WHERE SEEN BY ORLANDO GINTILLIN (MIC CENTRAL MEDICAL) DRS FOR ASSAULTS AND SECURITY ISSUE INCLUDED 1) DAVID CLINE BACK/NECK ISSUES & RAYS ON FILE SCRATCHES Bleeding Photos taken 8 months AFTER OF BACK AGAIN JEREMY HIGE SAME UNILATERAL ATTACK SCRATCHES BRUSING AGAIN ORION MEARS UNILATERAL ATTACK THESE ALONG WITH SECURITY ISSUES AND ETC.

SEE GRIEVANCES, TORTS, PRIOR 1983 Nebraska Corps For Authority and Condition

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1) X RAYS 2) BRUSING Bleeding 3) OPEN HEART, 4) EKG AFTER THE 2ND ATTACK (5) LACK OF MEDICAL ATTENTION ON THE WKS BEFORE OPEN HEART SURGERY AND 30 TOTAL STAYS IN DSU ALSO TORTS WERE DENIED TRIP TO ST ALFONZOS in CALDWELL IDAHO

COPYS/TORTS INCLUDED WITH MEDICAL RECORDS

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Punitive 2.5 million MENTAL and EMOTIONAL INJURIES w/ physical pain, AND INJURIES COMPENSATORY WHAT THE COURT FIND APPROPRIATE WITH ALL FEES AND COSTS. THIS APPLIES FOR BREAKDOWN IN MY SEX DISCRIMINATION SUITABILITY DUE TO DISCRIMINATION.

4 Fights OVER GENDER OR CHARGES WITH DISCRIMINATION

+ 19 DSU STAYS FOR 2022 ALONE TOTAL OF 30 STAYS

MEDICAL NEGLIGENCE WITH OPEN HEART SURGERY

\$ 300,000 FOR ALL 4 ATTACKS WITH 2,500,000 million for Heart Surgery

19 STAYS w/ LOSS OF 189 DAYS GOOD TIME RETURNED

THEIR SRS PUT AT TOP OF LIST TO BE DONE w/o WAITING

AND RELEASE due to FAILURE OF AIG FOR INSURANCE
FAILING REFUSED TO EXPIRE

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Snake River Correctional Institution

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance? WITH ADA - GRIEVANCE COORDINATOR
IN SNAKE RIVER Correctional institution

2. What did you claim in your grievance?

Medical, Staff Plus Discrimination

3. What was the result, if any?

MOSTLY DENIED (SEE INCLOSED)

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

MOST GRIEVANCES filed AT SNCI BY TRANSGENDERERS OR LGBTQIA+
Community FAIL ON DEAF EARS OR NEVER GET THEM RETURNED

See INCLOSED

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

MOSTLY DUE TO REPETIVENESS OF COMPLAINTS / RETALIATION

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I INFORMED LT CANNON, LT HOUSTON, LT FRANKS. AND THERE WERE EXPRESSIONS WHERE LT GOOD ALSO CLOTHES HAVE STOPPED OR SIDE MAIL IN RETALIATION ALSO DILS THAT ARE INCLUDED IN DTS WHERE FRIENDS ARE RETALIATING WITH DAILY THREATS.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I FILED FOR CLAIMS AND ONLY 1 WAS ACCEPTED AND

NOTED

ONE CLAIM

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

 Yes No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-23-23 / 2:03 pm

Signature of Plaintiff

Allieanna Charleyn Mahueron

Printed Name of Plaintiff

Allieanna CHARLEYN MAHUEON

Prison Identification #

21009232

Prison Address

SACI 747 STANTON BIVD

ONTARIO

City

OR

State

97814

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

CERTIFICATE OF SERVICE

CASE NAME: ALLIANNIC MANUEROW v. J. MILLER

CASE NUMBER: (if known) 2:22-cv-01549-MC

COMES NOW, ALLIE INNACIANA ERICKSON, and certifies the following:

That I am incarcerated by the Oregon Department of Corrections at SRCI
SNAKE RIVER CORRECTIONAL INSTITUTION 777 STANTON BLDG 100 OR 97914

That on the _____ day of _____, 20____, I personally placed in the
Correctional Institution's mailing service A TRUE COPY of the following:

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s) named at the places addressed below:

(Signature)

Print Name _____